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IN THE U.S. PATENT & TRADEMARK OFFICE

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JUN 21 2004

First Name Inventor: J.E. Eckelman et al : GROUP ART UNIT 2863

Pat Appln: Serial No. 09/841569:

Examiner: Mujtaba M. Chaudry

Filed: April 24, 2001 :

June 8, 2004

5 Title: Method and Apparatus for ABIST Diagnosis:

Attorney Docket POU920010050US1 :

Deposit Account: 09-0463 :

Lynn L. Augspurger, Attorney, Reg No. 24,227 :

Mailing Address:

IBM Intellectual Property Law

2455 South Road, P386

Poughkeepsie, NY 12601

10

AMENDMENT (Responsive to OA Dated 3/8/04)

Mail Stop: Amendment

Commissioner for Patents

P.O. Box 1450

15 Alexandria, VA 22313-1450

Sir:

A. Introductory Comments:

In reply to the Official action mailed 3/8/04

20 Applicants respectfully request entry of the following amendment to place the application in condition for allowance after these amendments. (The Commissioner is also hereby authorized to charge payment of the fees associated with this communication or credit any overpayment to Deposit Account No. 09-0463. Those expected are already part of the separate fee authorization.)

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop: Amendment, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313 on June 8, 2004.

Susan L. Nelson

6/8/04
Date of Signature

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): J. Eckelman et al.

Docket No.

POU920010050US1

Serial No.

09/841,569

Filing Date

Aril 24, 2001

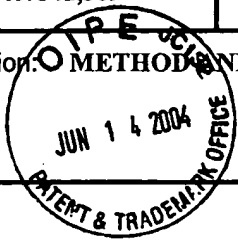
Examiner

Mujtaba M. Chaudry

Group Art Unit

2133

Invention: METHOD AND APPARATUS FOR ABIST DIAGNOSIS

**RECEIVED**JUN 24 2004
TECH CENTER 2800TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

☒ No additional fee is required for amendment.☐ Please charge Deposit Account No. _____ in the amount of _____☐ A check in the amount of _____ to cover the filing fee is enclosed.☐ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No.☐ Any additional filing fees required under 37 C.F.R. 1.16.☐ Any patent application processing fees under 37 CFR 1.17.
Signature

Lynn L. Augspurger, Reg. 24,227

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Dated: June 8, 2004

I certify that this document and fee is being deposited on
June 8, 2004 with the U.S. Postal Service as first
class mail under 37C.F.R. 1.8 and is addressed to the
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Signature of Person Mailing Correspondence

Susan L. Nelson

Typed or Printed Name of Person Mailing Correspondence

cc: